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APPLICANTS

Said I. Hakky, Largo, FL;

A-Hamid Hakki, Dunedin, FL;

** CONTINUING DATA ***** M6B

** FOREIGN APPLICATIONS ***** M6B

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>LG. Bg</i> Initials				

ADDRESS

04586
 ROSENBERG, KLEIN & LEE
 3458 ELLICOTT CENTER DRIVE-SUITE 101
 ELLICOTT CITY, MD
 21043

TITLE

Indwelling urinary catheter

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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